

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027515

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

53
FILED AUG 8 1963

Primary Registration District No.

3010

Registrar's No.

356

STATE FILE NUMBER

VS 300
Rev. 4/59.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Fla. b. COUNTY Polk | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Cape Girardeau | | Length of stay in 1b 2 hrs. | c. CITY OR TOWN Winter Haven |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1320 Lake Shipp Dr., N. |
| 3. NAME OF DECEASED (Type or print) First David Middle Kyle Last Brengle | | 4. DATE OF DEATH Month Aug. Day 3 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-6-1944 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student | | 10b. KIND OF BUSINESS OR INDUSTRY Education | 9. AGE (last birthday) 18 |
| 13a. FATHER'S NAME Robert T. Brengle | | 11. BIRTHPLACE (City and state or country) Dade City, Fla. | |
| 13b. MOTHER'S MAIDEN NAME Mary Kyle | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) NO | | 14. NAME OF HUSBAND OR WIFE ** | |
| 16. SOCIAL SECURITY NO. 7 | | 17. INFORMANT R. T. Brengle Winter Haven, Fla. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chest crushing injury with irreversible traumatic shock DUE TO (b) Multiple body lacerations DUE TO (c) Cerebral contusion fractures PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none. | | | INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20c. TIME OF INJURY Hour 5:30 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Head on automobile collision | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway 3 Illinois | |
| 21. I attended the deceased from 7:00 am 8/3/63 to 8:50 am 8/3/63 and last saw her alive on 8-3-63 | | 20f. CITY, TOWN, OR LOCATION McLure Alexander Ill. | |
| Death occurred at St. Francis Hospital Cape Girardeau on the date stated above, and to the best of my knowledge, from the causes stated. | | 22b. ADDRESS 1912 Broadway Cape Girardeau Mo | |
| 22a. SIGNATURE Thomas L. Otto md. | | 22c. DATE SIGNED 8/6/63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 8-3-1963 | |
| 23c. NAME OF CEMETERY OR CREMATORY Seffner Cemetery | | 23d. LOCATION (City, town, or county) (State) Mango, Fla. | |
| 24. FUNERAL DIRECTOR Ford & Sons Cape Girardeau, Mo. | | 25. DATE RECD. BY LOCAL REG. 8-6-63 | |
| 26. REGISTRAR'S SIGNATURE G. K. Kasten | | | |

USE BLACK INK

OR

TYPEWRITER RIBBON

AUG 22 1963

SEP 29 1963

SEP 17 1963

070

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.